UNZA Family Medicine Core Competencies

Updated February 2023

Overview

Scoring

- 1. Requires hands-on help
- 2. Requires evidence-based reminders
- 3. Independent

Goal is progression over time

- We don't expect all "3s" on day 1

Diabetes: Core Competencies

Category	Competency	1	2	3
Glucose control*	Demonstrates ability to formulate an individualized A1c goal based on patient characteristics			
Blood pressure control*	Demonstrates ability to recognize hypertension and manage with appropriate 1st line medications			
ASCVD risk management	Demonstrates appropriate management of ASCVD risk ≥ 10%			
Lifestyle counseling	Demonstrates ability to counsel patient on appropriate lifestyle changes			
Retinopathy screening*	Demonstrates ability to identify need to screen for and screens/refers for diabetic retinopathy			
Neuropathy screening*	Demonstrates ability to identify need to screen for and screens for diabetic peripheral neuropathy			
Nephropathy screening*	Demonstrates ability to identify need to screen for and screens for diabetic nephropathy			
Immunizations	Demonstrates ability to identify need for immunizations and gives appropriate immunizations			
Metformin	Demonstrates ability to prescribe metformin for type 2 diabetes			
CCM Checklist	Demonstrates ability to implement standardized order set in the management of diabetes			

Clinical outcome data also collected for these categories, to be used for population level data

Diabetes: Additional competencies, if indicated

Category	Competency	1	2	3
Smoking cessation	Demonstrates ability to identify and act appropriately on smoking status			
Secondary CVD prevention	Demonstrates ability to identify patients who qualify for secondary prevention with aspirin			
Basal insulin dosing	Demonstrates ability to initiate and titrate basal insulin			

Hypertension*: Core Competencies

Category	Competency	1	2	3
Blood pressure control	Demonstrates ability to recognize hypertension and manage with appropriate 1st line medications			
ASCVD risk management	Demonstrates appropriate management of ASCVD risk ≥ 10%			
Diabetes screening	Demonstrates ability to identify need to screen and screens for diabetes			
Lifestyle counseling	Demonstrates ability to counsel patient on appropriate lifestyle changes			
Nephropathy screening	Demonstrates ability to identify need to screen for and screens for hypertensive nephropathy			
CCM Checklist	Demonstrates ability to implement standardized order set in the management of hypertension			

*If a patient has hypertension AND diabetes, the HTN competency will not be completed since it is included in the diabetes competency

Hypertension: Additional competencies, if indicated

Category	Competency	1	2	3
Smoking cessation	Demonstrates ability to identify and act appropriately on smoking status			
Secondary CVD prevention	Demonstrates ability to identify patients who qualify for secondary prevention with aspirin			

Heart Failure: Core Competencies

Category	Competency	1	2	3
Etiology of CCF	Demonstrates ability to identify the most likely cause of CCF based on patient history and clinical information			
ACEI/ARB	Demonstrates ability to prescribe guideline-mandated ACEI/ARB for all patients with HFrEF			
SGLT2*	Demonstrates ability to prescribe guideline-mandated SGLT2 inhibitors for all patients with HFrEF			
Beta blocker	Demonstrates ability to prescribe beta blocker for all **stable** patients with HFrEF and symptoms already on ACEI/ARB			
Loop diuretic	Demonstrates ability to prescribe furosemide for symptomatic relief of fluid overload			
Spironolactone	Demonstrates ability to prescribe aldosterone antagonist if EF < 35% AND still symptomatic despite ACEI + BB + SGLT2 (N/A option also included)			
ASCVD risk management	Demonstrates appropriate management based on ASCVD risk ≥ 10% or CVD, but not for the diagnosis of heart failure			
Immunizations	Demonstrates ability to identify need for immunizations and gives appropriate immunizations			
CCM Checklist	Demonstrates ability to implement standardized order set in the management of heart failure			

*4th option included: "Cost-prohibitive: recognizes need, but unable to obtain due to financial restrictions

Heart Failure: Additional competencies, if indicated

Category	Competency	1	2	3
Anticoagulation	Demonstrates ability to identify patients who qualify for anticoagulation based on a history of LV clot OR Afib and CHADS2VASC score ≥ 2, and correctly prescribes warfarin or a DOAC			
Smoking cessation	Demonstrates ability to identify and act appropriately on smoking status			
Secondary CVD prevention	Demonstrates ability to identify patients who qualify for secondary prevention with aspirin			

Sepsis: Core Competencies

Category	Competency – definition of "3"	1	2	3
Recognition	Suspects sepsis, calculates and documents qSOFA score at the time of admission			
Fluid resuscitation	Recognizes need for fluids (hypotension or lactate ≥ 4) and administers 30mL/kg bolus within the first 3 hours			
Core investigations	Orders FBC, CMP, blood cultures, urine studies and calculates GCS prior to antibiotics administration			
Antibiotic administration	Broad spectrum empiric antibiotics based on suspected source administered within 90 minutes			
Vasopressor administration	Recognizes need for vasopressors when MAP ≤ 65mmHg and starts adrenaline at 20-50mcg/min with a goal of MAP > 65			
Hemodynamic assessment	Assesses and documents hemodynamics* ≤ 1 hour of fluid resuscitation *BP, HR, cap refill, passive leg raise, IVC diameter, UO, lactate			
CCM Checklist	Completely fills standardized sepsis order set at time of sepsis suspicion/recognition			

Sepsis: Adjunctive therapies, if indicated

Category	Competency – definition of "3"	1	2	3
Transfusion	Recognizes need for transfusion when Hb < 7 or platelet < 10 and administers blood product			
Hyperglycemia	Recognizes need for insulin at first glucose > 10 and maintains glucose 8-10			

POCUS: Core Competencies

Category	Competency – definition of "3"	1	2	3
Organ identification	Correctly identified and high-quality image			
Focused clinical question	Clinical question answered and quantified by the scan			
Patient management	Evidence-based management applied based on information gained from the scan			
Overall competency	No supervision needed			

POCUS: Additional Questions

Question	Yes	No
Did POCUS affect patient care?		
If yes (patient care affected), select all that apply: diagnosis, timing, intervention, d/c planning, decision for medication management, disease monitoring/severity progression		
Was POCUS used outside of the focused clinical question it was initiated for?		
Did POCUS lead to a recommendation for additional imaging?		